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20350 7590 06/02/2005

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(Depositor's name)

(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/400,151	09/21/1999	ADNAN SHENNIB	ISM/007	3077

TITLE OF INVENTION: PERSONAL HEARING EVALUATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	09/02/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LAO, LUN S	2643	381-060000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

INSONUS MEDICAL, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HAYWARD, CALIFORNIA 94545

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☐ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies 10

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5. Change in Entify Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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09/06/2005	00000086	<u>1</u>	<u>2501</u>	\$700.00	09/02/2005	DA 201430
09/06/2005	00000087	<u>1</u>	<u>8001</u>	\$30.00	09/02/2005	DA 201430